## Approved For Release 2009/08/28 : CIA-RDP87-00868R000100070009-0

## ADDITIONAL MONTHLY COST TO IMPROVE BENEFITS

To Increase Daily Hospital R & B Rate:	Family	Single
From \$40 to Full Payment of Sem. Private Room From \$40 to \$50 From \$40 to \$45	\$2.27. 2.22 1.11	\$ .82 .80 .40
To Revise Surgical Schedule:		
From 1957 Study to 1964 Study	\$ .86	\$ .28
To Increase Maternity Daily Hospital Allowance:		
From \$30 to \$40 From \$30 to \$35	\$ .43	*
To Increase Maternity Medical Allowance:		
From \$100 to \$200 for Normal Delivery From \$150 to \$400 for Cesarean Section From \$ 50 to \$100 for Miscarriage	\$ .85	*
To Treat Maternity As Illness	\$2.40	*
To Add Basic Benefit Allowance for In-Hospital Medical Care:		
For a benefit of \$12.00 first day 8.00 second day 5.00 each subsequent day or	\$1.02	\$ .43
For a straight allowance of \$5 per day	.83	. 35
To Increase Major Medical Maximum to \$40,000	\$ .25	\$ .10

 $<sup>\</sup>rm *No$  Maternity Benefits payable under Single Enrollment

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## COST OF A SINGLE BENEFIT PROPOSAL

BENEFIT	MONTHLY Family	COST Single	BI-WEEKLY Family	COST Single
\$50 per day Room and Board Allowance	\$ 2.22	\$ .80	\$ 1.02	\$ •37
Improved Surgical Allowance	.86	.28	.40	.13
Improved Maternity Benefits				
\$40 per day for Hospital	•43		•20	
Increased Medical Allowance	.85		•39	***
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Total Increase in Cost:	\$ 4.36	\$ 1.08	\$ 2.01	\$ .50
Current Cost:	18.07	<b>5.</b> 98	8.34	2.76
Total New Cost:	22.43	7.06	10.35	3.26
CURRENT RATES (Hi Option)		00 No. 00 AM		
Blue Cross - Blue Shield:	\$20.58	\$ 8.43	\$ 9.50	\$ 3.89
Aetna:	20.15	8.06	9•30	3.72